## **State of Texas Evacuee Information**

Please Use Capital Letters!

Revised 7/13/09 1. Evacuee/Group Leader: Family Members: Wristband ID: 2. Tag ID: First Name: Last Name: First Name Gender: ☐ Male ☐ Female DOB: Month Day Yr Last Name: ☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis Address: ☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound City: 3. Tag ID: First Name: Last Name: Zip: Gender: ☐ Male ☐ Female DOB: Month Dav ☐ Female Gender: ☐ Male ☐ Oxygen dependent □ Dialysis ☐ Medical special need evacuee DOB: Month Day ☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound Driver's License: 4. Tag ID: First Name: Last Name: Check All That Apply Medical special need evacuee: Oxygen dependent: Gender: ☐ Male ☐ Female DOB: Month Dav Weighs more than 350 lbs: ☐ Medical special need evacuee ☐ Oxygen dependent ☐ Dialysis Bed or wheelchair bound: ☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound Dialysis: 5. Tag ID: Pets: Last Name: First Name: 1. Tag ID: Name: Gender: ☐ Male ☐ Female DOB: Month 2. Tag ID: Name: ☐ Medical special need evacuee ☐ Oxygen dependent □ Dialysis ☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound Medical Equipment (example: wheelchair): 6. Tag ID: First Name: Last Name: 1. Tag ID: Equipment Type: 2. Tag ID: **Equipment Type:** Gender: ☐ Male ☐ Female DOB: Month ☐ Medical special need evacuee ☐ Oxygen dependent □ Dialysis 3. Tag ID: **Equipment Type:** ☐ Weighs more than 350 lbs ☐ Bed or wheelchair bound

